Diabetes & Hormone
CENTER

As a patient of Diabetes and Hormone Center, you are entitled under federal law to access your personal protected health information maintained in a "designated record set." In order to process your request for access to this information, please complete this form and submit it to the Privacy Officer. When received by the Privacy Officer, he or she will use the information to verify your identity and process your request. If you have any questions or concerns, please contact the Privacy Officer, Anju Verma, MD at 301-515-1890.

Patient Information

Patient Name: _____ Birth date: _____

Patient Number: _____ Date of access request: _____

Access Method

You have the right to view your protected health information, obtain a copy of the information, or both. Please indicate below whether you wish to view the information only, obtain a copy, or both. If you select "copy", please indicate your method of delivery.

[ ] I would like to **view** my protected health information. I have/will schedule(d) an appointment with Diabetes and Hormone Center to view my health information on _____. I understand Diabetes and Hormone Center may have a staff member sit down with me as I review my health information.

[ ] I would like a **copy** of my protected health information. I understand that Maryland Law 4-304(c)(3) allows us to charge a fee for supplication of medical records and any administrative charges. Currently physicians in the state of Maryland may charge **76 cents per page** for copying, a preparation **fee of $22.88 plus the actual cost of postage**. Except for an emergency request from the state or local government concerning a Child or Adult Protective Service case a physician may withhold the record until fees are paid. I have selected my delivery method below (if none is selected, I will pick up the copy at the practice):

[ ] I will return to Diabetes and Hormone Center and pick up the copy when it is ready.

[ ] I would like Diabetes and Hormone Center to send the copy via U.S. mail to the following address:
_____
_____
I understand that Diabetes and Hormone Center may charge me all applicable postage fees.

[ ] I would like Diabetes and Hormone Center to send the copy via facsimile to the following number: _____. I understand that Diabetes and Hormone Center may charge me an additional fee of $ _____ per faxed page.

[ ] If possible, I would like my copy sent to me using the following format: _____
_____

Summary (Check if desired)

[ ] I would like Diabetes and Hormone Center to provide to me an explanation or summary of the information provided. I understand that Diabetes and Hormone Center may charge me a fee of $ _____ for the explanation or summary, and I may be required to pay the fee in full before I can obtain the explanation or summary.

I understand that Diabetes and Hormone Center is given thirty days to process my request for access if my information is maintained on-site, sixty days if the information is maintained off-site, and that Diabetes and Hormone Center may extend the deadline by an additional thirty days if I am notified in writing of the extension. I further understand that my rights are limited to any information in my "designated record set" as defined in Section 164.501 of the Code of Federal Regulations.

By signing below, I acknowledge and agree to the above conditions.

_____ _____

Signature of Patient Date